

Thos Francis Burke

Town

County

Died at

Oakland

Barrett

MARYLAND

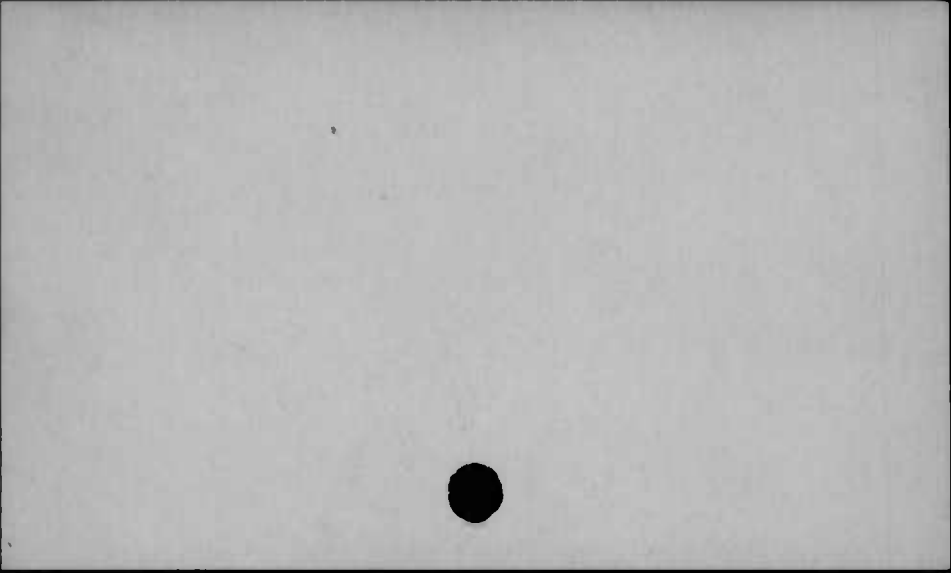
Date 189*8* *Aug* *19* Y. *7* M. *0* D. *md* Native of *Infant*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____
 Wife _____

Father's Name *Thos F Burke 86* Mother's Name *Annie E Burke*

Cause of Death { Primary *Symptomatic Intussusception* How long sick *Do not know*
 Immediate *Black bowels* *1 week* *1 week* Accident, Suicide, Homicide

Reported by *J Lee McComas M.D.*
 Address *Oakland* *Barrett Co Md*



Name in Full

Certificate of Death

Raymond Keenan Keenan

Town

Gorham County

Died at near Oakland

MARYLAND

Month Day 2

Y.

M D

Native of

Occupation

Date 1898

Age

1

Gorham

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

John Keenan

Mother's

Name

Don't know

Cause of

~~Primary~~

Convulsions (Green apples)

How long sick one day

Death

Immediate

Convulsions

~~Accident Suicide Homicide~~

Reported by

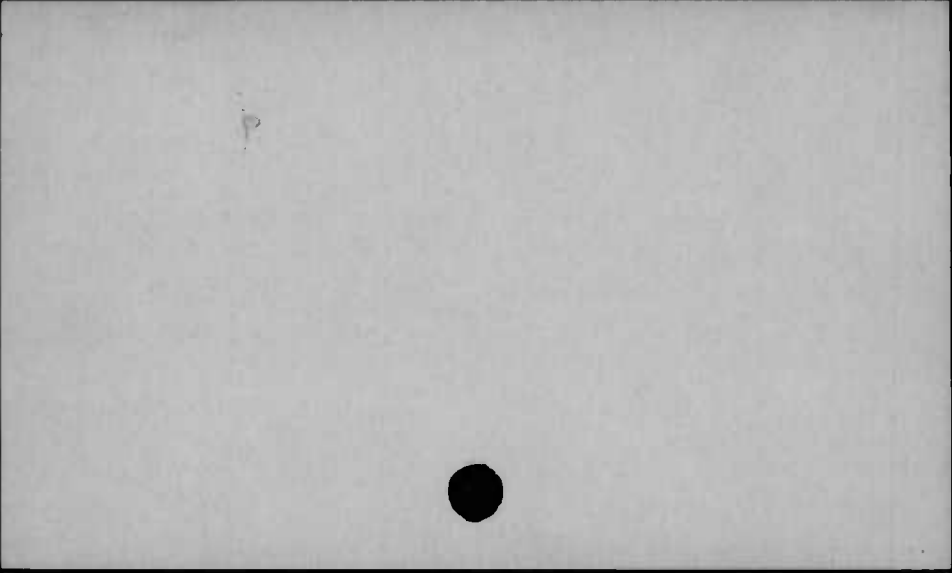
W A Rounscomb M.D.

Address

Oakland Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGIST



Name in Full

Certificate of Death

Emma Elizabeth Kate Kohl

Town

County

Died at Carbond

Yonick

MARYLAND

Date 189 8 Month Aug Day 11 Age 7 Y. 7 M. 14 D. 14 Native of Carbond Md Occupation Widow
☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☒ Widowed ☐ Widower ☒ Divorced ☐ Number of children living 1

Husband of William H. Kohl Father's Name William H. Kohl Mother's Name Mary A. Smith

Cause of Death { Primary Cholera Infusion Immediate " How long sick 24 hrs Accident, Suicide, Homicide ☒

Reported by M. C. Hunsbarger Address Carbond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Minnie E. Riley

Town

County

Died at

MARYLAND

Date 189 8 Aug 2 1 9 16 Md.
~~Male~~ White ~~Marrd~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

~~Husband~~
~~Wife~~ of

Father's Name Dallas H Riley Mother's Name S. Rachel Lower

Cause of Death { Primary Cholera Infantum Immediate Spasms SV

How long sick

24 hr.

Accident, Suicide, Homicide

Reported by

Address

Isaac D. Newman M.D.
Oakland Garrett box 201,

